

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

As the below named inventor(s), I/we declare that:

This declaration is directed to:

- ☒ The attached application, or  
☐ Application No. \_\_\_\_\_, filed on \_\_\_\_\_,  
☐ as amended on \_\_\_\_\_ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/ we have reviewed and understand the contents of the above- identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable, and

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

### FULL NAME OF INVENTOR(S)

Inventor one: Larry R. Fairbanks

Signature: \_\_\_\_\_ Citizen of: USA

Inventor two: Samuel W. DeWorth

Signature: \_\_\_\_\_ Citizen of: USA

Inventor three: David C. Barber

Signature: \_\_\_\_\_ Citizen of: USA

Inventor four: \_\_\_\_\_

Signature: \_\_\_\_\_ Citizen of: \_\_\_\_\_

☐ Additional inventors are being named on \_\_\_\_\_ additional form(s) attached hereto.

**Burden Hour Statement:** This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box-> ☐

PTO/SB/81 (10-00)

Approved for use through 10/31/2002 OMB 0651-0035  
Patent and Trademark Office- U S DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

|                        |           |
|------------------------|-----------|
| Application Number     |           |
| Filing Date            | Herewith  |
| First Named Inventor   | Fairbanks |
| Group Art Unit         |           |
| Examiner Name          |           |
| Attorney Docket Number | 1540-203B |

I hereby appoint:

☒ Practitioners at Customer Number

08698

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
|      |                     |
|      |                     |
|      |                     |
|      |                     |
|      |                     |

Place Customer  
Number Bar Code  
Label here

08698

PATENT TRADEMARK OFFICE

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Firm or  
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name Larry R. Fairbanks

Signature

Date

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.\*

☒ \*Total of 3 forms are submitted.

Burden Hour Statement This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box-> ☐

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

Patent and Trademark Office- U S DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

|                        |           |
|------------------------|-----------|
| Application Number     |           |
| Filing Date            | Herewith  |
| First Named Inventor   | Fairbanks |
| Group Art Unit         |           |
| Examiner Name          |           |
| Attorney Docket Number | 1540-203B |

I hereby appoint:

☒ Practitioners at Customer Number 08698

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
|      |                     |
|      |                     |
|      |                     |
|      |                     |

Place Overlaid  
Number Label Code  
Label here

08698

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

|  |       |     |  |
|--|-------|-----|--|
| <input type="checkbox"/> Firm or Individual Name |       |     |  |
| Address  |       |     |  |
| Address  |       |     |  |
| City   | State | ZIP |  |
| Country  |       |     |  |
| Telephone  | Fax   |     |  |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

|           |                   |
|-----------|-------------------|
| Name      | Samuel W. DeWorth |
| Signature |                   |
| Date      |                   |

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.\*

☒ \*Total of 3 forms are submitted.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box-> ☐

PTO/SB/81 (10-00)

Approved for use through 10/31/2002 OMB 0651-0035

Patent and Trademark Office- U S DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

|                        |           |
|------------------------|-----------|
| Application Number     |           |
| Filing Date            | Herewith  |
| First Named Inventor   | Fairbanks |
| Group Art Unit         |           |
| Examiner Name          |           |
| Attorney Docket Number | 1540-203B |

I hereby appoint:

☒ Practitioners at Customer Number

08698

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
|      |                     |
|      |                     |
|      |                     |
|      |                     |
|      |                     |

Place Customer  
Number Bar Code  
Label Here

08698

PATENT AND TRADEMARK OFFICE

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Firm or  
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name David C. Barber

Signature

Date

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.\*

☒ \*Total of 3 forms are submitted.

Burden Hour Statement This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231.